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jc922 U.S. PTO

10-09-00

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PATENT APPLICATION
Attorney's Do. No. 8371-98

jc916 U.S. PTO
09/676523
09/29/00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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I HEREBY CERTIFY THAT THIS PAPER AND ENCLOSURES AND/OR FEE ARE BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: BOX PATENT APPLICATION, ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON D.C. 20231.

Ehren Rhea
(SENDER'S PRINTED NAME)

[Signature]
(SIGNATURE)

Box Patent Application
Assistant Commissioner for Patents
Washington, D.C. 20231

Enclosed for filing is a patent application under 37 CFR 1.53(b) of:

Inventor [or Application Identifier]: Louis Joseph Kerofsky
For: VIDEO CONTRAST ENHANCEMENT THROUGH PARTIAL HISTOGRAM
EQUALIZATION

[If continuing application] This application is a ☐ continuation, ☐ divisional, ☐ continuation-in-part of prior application Serial No. _____, filed _____.

Enclosures:

- ☒ Specification (pages 1-17); claims (pages 18-24); abstract (page 25)
- ☒ 11 sheet(s) of drawings
- ☒ Declaration or Combined Declaration and Power of Attorney
 - ☒ Newly executed (original or copy)
 - ☐ Copy from a prior application (37 CFR 1.63(d))
 - ☐ Incorporation by Reference--The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
- ☐ Deletion of Inventors (signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))

- ☐ Power of Attorney
☒ Assignment with cover sheet
☐ Certified copy of priority document:
☐ Information Disclosure Statement with Form PTO 1449
☐ Copies of references listed on attached Form PTO-1449
☐ Preliminary Amendment
☐ Change of Address
☒ Return Postcard

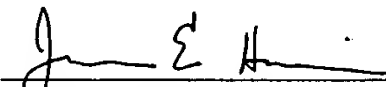
CLAIMS AS FILED				
For	Number Filed	Number Extra	Rate	Basic Fee \$690.00
Total Claims	35-20	15	x \$ 18 =	270.00
Independent Claims	4-3	1	x \$ 78 =	78.00
Multiple Dependent Claim Fee			x \$260 =	0.00
TOTAL FILING FEE				\$1,038

- ☐ Cancel in this divisional application original claims _____ of the prior application Serial No. _____ before calculating the filing fee. (At least one original independent claim must be retained for filing purposes.)
☒ A check in the amount of \$1,078 to cover ☒ filing fee and ☒ assignment recordal fee (\$40) is enclosed.
☒ Any deficiency or overpayment should be charged or credited to deposit account number 13-1703. A duplicate copy of this sheet is enclosed.

Customer No. 20575

Respectfully submitted,

MARGER JOHNSON & McCOLLOM, P.C.



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